# BOSCOBEL AREA SCHOOLS 2017-2018 INSURANCE COSTS

Health Insurance		HMO 0% INCREASE		POS/PPO  8% INCREASE (Employee pays both Employee and Employer Increase)			
		Per Paycheck	Per Month	Annual	Per Paycheck	Per Month	Annual
Single	Employee	\$43.45	\$86.90	\$1,042.80	\$71.04	\$142.07	\$1,704.85
	District	\$301.37	\$602.74	\$7,232.88	\$301.37	\$602.74	\$7,232.88
	Total	\$344.82	\$689.64	\$8,275.68	\$372.41	\$744.81	\$8,937.73
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Family	Employee	\$112.96	\$225.92	\$2,711.04	\$184.68	\$369.36	\$4,432.38
	District	\$783.57	\$1,567.14	\$18,805.68	\$783.57	\$1,567.14	\$18,805.68
	Total	\$896.53	\$1,793.06	\$21,516.72	\$968.25	\$1,936.50	\$23,238.06



## **HMO Benefit Overview**

# SCHOOL DISTRICT OF BOSCOBEL AREA SCHOOLS HM01-4

Annual Deductible	\$500/\$1,000 (Single/Family)			
Coinsurance	0% Coinsurance			
Annual Maximum Out of Pocket	\$1,750/\$3,500 (Single/Family)			
Lifetime Maximum	Unlimited			
Annual Maximum for Essential Benefits	Unlimited			
Preventive Services	Unlimited			
Dependent Age	26/26			
Rhysician Services				
Office Visit	Subject to Deductible and Coinsurance			
Chiropractor Visits	Subject to Deductible and Coinsurance			
Hearing Examination	Subject to Deductible and Coinsurance			
Podiatry Services	Subject to Deductible and Coinsurance			
Vision Services	Subject to Deductible and Coinsurance			
Weight Loss/Nutritional Counseling	Subject to Deductible and Coinsurance			
Höspital Services				
General Inpatient	Subject to Deductible and Coinsurance			
Delivery & Newborn Charges	Subject to Deductible and Coinsurance			
Outpatient Services	Subject to Deductible and Coinsurance			
Edition Co				
Emergency Services	410-0			
Emergency Room	\$125 Copayment			
Urgent Care	Subject to Deductible and Coinsurance			
Ambulance	Subject to Deductible and Coinsurance			
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Pharmacy Benefits	040/005/050 0			
Tier 1/Tier 2/Tier 3	\$10/\$25/\$50 Copay			
Value Tier	\$5 Rx Outcomes			
Max Out-of-Pocket (Single/Family)	\$2,000/\$4,000			
Behavioral Health				
Inpatient	Subject to Deductible and Coinsurance			
Transitional	Subject to Deductible and Coinsurance			
Outpatient	Subject to Bould and Combandino			
Psychiatrist or Psychologist	Subject to Deductible and Coinsurance			
Other Mental Health Professional	Subject to Deductible and Coinsurance			
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Diagnostic Services				
Lab	Subject to Deductible and Coinsurance			
X-Ray	Subject to Deductible and Coinsurance			
MRI/MRA Scan	Subject to Deductible and Coinsurance			
PET Scan	Subject to Deductible and Coinsurance			
CAT Scan	Subject to Deductible and Coinsurance			
Other Services				
Anesthesia for Dental	Subject to Deductible and Coinsurance			
Autism Spectrum Disorder	See Specific Benefit Category for Applicable Coverage			
Durable Medical Equipment	20% Coinsurance			
Home Health Care Services	Subject to Deductible and Coinsurance			
Hospice Services	Subject to Deductible and Coinsurance			
Kidney Disease Treatment	See Specific Benefit Category for Applicable Coverage			
Oral Surgery	100% Coverage			
Skilled Nursing Care Facility	Subject to Deductible and Coinsurance			
Therapy Services	Subject to Deductible and Coinsurance			
TMJ Benefits	Subject to Deductible and Coinsurance			

This Benefits Summary is intended to highlight the benefits provided in the Unity Health Plans HMO policy. All benefits are subject to the terms of the policy. Please see your policy, including the Certificate of Coverage and Schedule of Benefits (SOB), for limitations and exclusions.



### POS Benefit Overview

#### BOSCOBEL AREA SCHOOLS POS1-2

	POS1-2			
	In-Network	Out-of-Network		
Annual Deductible	\$500/\$1,000 (Single/Family)	\$1,000/\$2,000 (Single/Family)		
Coinsurance	0% Coinsurance	20% Coinsurance		
Annual Maximum Out of Pocket	\$1,750/\$3,500 (Single/Family)	\$2,000/\$4,000 (Single/Family)		
Lifetime Maximum	Unlimited	Unlimited		
1 1 1 1				
Annual Maximum for Essential Benefits	Unlimited	Unlimited		
Preventive Services	Unlimited	Subject to Deductible and Coinsurance		
Dependent Age	26/26	26/26		
Physician Services				
Office Visit	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
Chiropractor Visits	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
Hearing Examination	Subject to Deductible and Coinsurance	No Benefit		
Podiatry Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
Vision Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
Weight Loss/Nutritional Counseling	Subject to Deductible and Coinsurance	No Benefit		
Weight Ecos/Nutritional Counselling	Cubject to Deductible and Comparative	NO BOTOR		
Hospital Services				
General Inpatient	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
Delivery & Newborn Charges	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
Outpatient Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
Emergency/Services				
	Adom O-1-constant	#405 O-12-12-12-1		
Emergency Room	\$125 Copayment	\$125 Copayment		
Urgent Care	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
Ambulance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
No.				
Pharmacy Benefits				
Tier 1/Tier 2/Tier 3	\$10/\$25/\$50 Copay	\$10/\$25/\$50 Copay		
Value Tier	\$5 Rx Outcomes	\$5 Rx Outcomes		
Max Out-of-Pocket (Single/Family)	\$2,000/\$4,000	\$2,000/\$4,000		
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Behavioral Health				
Inpatient	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
Transitional	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
Outpatient	Odbjoot to Boddonbio did Comediano	Caples to Boadembio and Combarance		
Psychiatrist or Psychologist	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
Other Mental Health Professional		Subject to Deductible and Coinsurance		
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Diagnostic Services	Subject to Deductible and Colorum	Subject to Deductible and Colours		
Lab	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
X-Ray	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
MRI/MRA Scan	Subject to Deductible and Colnsurance	Subject to Deductible and Coinsurance		
PET Scan	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
CAT Scan	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
Other Services				
Anesthesia for Dental	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
Autism Spectrum Disorder	See Specific Benefit Category for Applicable Coverage			
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	Subject to Deductible and Coinsurance   Subject to Deductible and Coinsurance   See Specific Benefit Category for Applicable Coverage			
Kidney Disease Treatment		20% Coinsurance		
Oral Surgery	100% Coverage			
Skilled Nursing Care Facility	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
Therapy Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		
TMJ Benefits	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance		